

SUBMIT COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR SIGN
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

RECEIVED
JAN 16 2015

Bayfield Co. Zoning Dept.

ENTERED

Permit #:

15-00801

Date:

2-5-15

Amount Paid:

50 sign
50 ATF

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Property Owner(s) Name: <u>TIERRA DEVELOPMENT, LLC</u>	Mailing Address: <u>PO Box 1436</u>	City/State/Zip: <u>BAYFIELD, WI 54814</u>	Phone: <u>715-742-3326</u>
Sign Owner(s) Name: <u>same</u>	Mailing Address:	City/State/Zip:	Phone:
Address of Property: <u>Sawgrass First Addition Lot 1</u>	City/State/Zip: <u>CORNUCOPIA, WI 54827</u>		
Contractor:	Contractor Phone:	Address:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>SUSAN J. KEACHIE</u>	Agent Phone: <u>715-742-3326</u>	Agent Mailing Address (include City/State/Zip): <u>PO Box 163, Cornucopia 54827</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-010-2-51-06-26-3 00-331-01000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>862</u> Page(s) <u>94</u>
<u>1/4</u> , <u>1/4</u>	Gov't Lot	Lot(s)	CSM
			Vol & Page
			Lot(s) No.
			Block(s) No.
Section <u>26</u> , Township <u>51</u> N, Range <u>6</u> W		Town of: <u>Bell</u>	
		Lot Size	Acreage <u>1.43</u>

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		

Value at Time of Completion * include donated time & material	✓	Project (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield
\$ <u>476-</u>	<input checked="" type="checkbox"/>	On-Premise	<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> 1-Sided	5'	7'	<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/>	Off-Premise	<input type="checkbox"/> Replacement	<input type="checkbox"/> 2-Sided		12'	<input type="checkbox"/> No
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> On-Building			
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Multi-Tenant			

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): TIERRA DEVELOPMENT, LLC
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date _____

Applicant(s): same
(If you are applying for an Off-premise sign, the property owners must also sign this form)

Date _____

Authorized Agent: Susan J. Keachie
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

FEB 05 2015

PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Stamp

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
The local Town, Village, City, State or Federal agencies may also require permits.

Use frontage road as a guideline, and indicate North (N) on plot plan
Sign location
Dimensions in feet on the following:

IMPORTANT
Detailed Plot Plan is Necessary

Lot Line

Lot →
Line

← Lot
Line

See attached

Name Frontage Road (State Hwy 13)

Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	53.5 Feet	Setback from the North Lot Line	392.5 Feet
Setback from the Established Right-of-Way	10 Feet	Setback from the South Lot Line	39.5 Feet
Setback from Lake, River, Stream or Pond	Feet	Setback from the West Lot Line	160 Feet
Setback from Other Sign(s)	Feet	Setback from the East Lot Line	242 Feet

Sign Plan
(Fill in Information Desired on Sign)

See attached

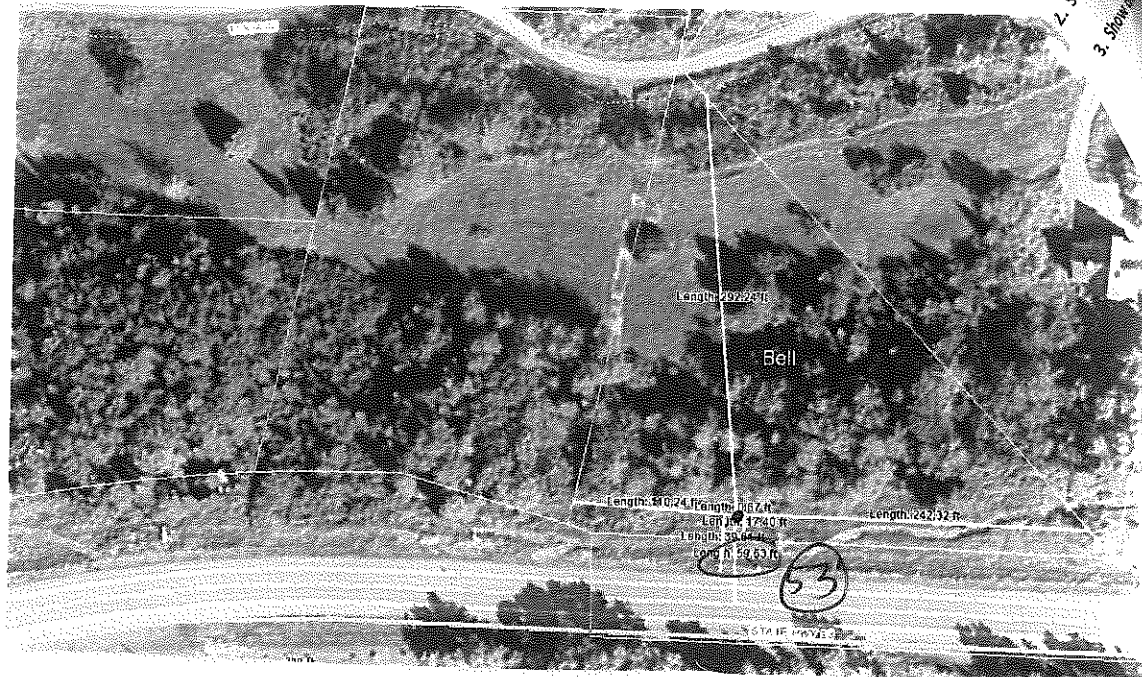
Issuance Information (County Use Only)		Permit Number: 15-0080	Permit Date: 2-5-15
Permit Denied (Date):		Reason for Denial:	
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #:		Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #:	
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PLAT Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ATT SIGN		Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Sign = 50 FT From R.O.W NEEDED TO MOVE 3 FT FROM ROAD NOTIFIED CLIENT VIA TELE.		Zoning District (RRB)	
Date of Inspection: 2-2-15		Inspected by: J. Cronin-Murphy	
Lakes Classification (N/A)		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)			
Signature of Inspector:		Date of Approval: 2-5-15	

Bayfield County, WI

Sawgrass First Addition Lot 1

Site Plan

- Name and Address
- 2. Show the
- 3. Show



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Sign Owner(s) Name: <u>same</u>	Mailing Address:	City/State/Zip:	Phone:
Address of Property: <u>Sawgrass First Addition Lot 7</u>	City/State/Zip: <u>CORNUCOPIA, WI 54827</u>		
Contractor:	Contractor Phone:	Address:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Susan J. Reachie</u>	Agent Phone: <u>715-742-3326</u>	Agent Mailing Address (include City/State/Zip): <u>PO Box 163, Cornucopia WI 54827</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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<u>1/4</u> , <u>1/4</u>	Gov't Lot	Lot(s)	CSM
			Vol & Page
			Lot(s) No. <u>7</u>
			Block(s) No.
Section <u>26</u> , Township <u>51</u> N, Range <u>6</u> W		Town of: <u>Bell</u>	
		Lot Size	Acreage <u>2.87</u>

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield
\$ <u>476-</u>	<input checked="" type="checkbox"/> On-Premise	<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> 1-Sided	5'	<u>12'</u> <u>inspected</u>	<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/> Off-Premise	<input type="checkbox"/> Replacement	<input type="checkbox"/> 2-Sided			<input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On-Building			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Multi-Tenant			

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Applicant(s): same

(If you are applying for an Off-premise sign, the property owners must also sign this form)

Authorized Agent: Susan J. Reachie

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Date _____

Date _____

Address to send permit
Rec'd for issuance

PO 1436, BAYFIELD, WI 54814

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

FEB 05 2015

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Secretarial Staff

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and use frontage road as a guideline, and indicate North (N) on plot plan
 show the sign location
 show dimensions in feet on the following:

IMPORTANT
 Detailed Plot Plan is Necessary

Lot Line

Lot →
 Line

← Lot
 Line

See attached

Name Frontage Road ()

Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	56 Feet	Setback from the North Lot Line	380 Feet
Setback from the Established Right-of-Way	14 Feet	Setback from the South Lot Line	42 Feet
Setback from Lake, River, Stream or Pond	in feet	Setback from the West Lot Line	425 Feet
Setback from Other Sign(s)	Feet	Setback from the East Lot Line	112 Feet

Sign Plan
 (Fill in Information Desired on Sign)

See attached

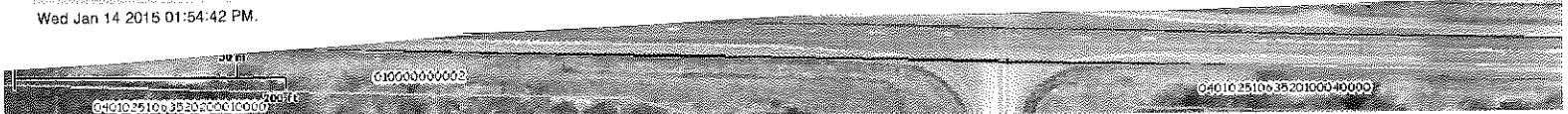
Issuance Information (County Use Only)		Permit Number: 15-0001	Permit Date: 2-5-15
Permit Denied (Date):		Reason for Denial:	
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:	
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PLAT ATE SIGN	Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Property Surveyed <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Zoning District (R-1A) Lakes Classification (NA) Date of Re-Inspection:
Inspection Record:			
Date of Inspection: 2-2-15	Inspected by: J. CHORNER-MURPHY		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)			
Signature of Inspector:		Date of Approval: 2-5-15	

Bayfield County, WI

Sawgrass First Addition Lot 7



Wed Jan 14 2015 01:54:42 PM.



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